|  |  |  |
| --- | --- | --- |
| Expense Reimbursement | Period From | Period To |
|  |  |
|  |
| Company Name:  |  |
| Employee Name:  |  | Employee ID: |  |
| Department:  |  |  |  |
|  |  |  |  |
| Itemized Expenses |
| Date | Description | Category | Cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Subtotal: |  |
| Notes:  |  | Advance Payment: |  |
|  |  | Total Reimbursement: |  |
|  |  | *\*Don’t forget to attach receipts\** |
|  |  |  |  |  |
| Employee Signature: |  |  | Approval Signature: |  |

